Debtor 1	Michael Luciano	Boykin			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT C	DF MICHIGAN		
Case number	19-49996-MAR				
(if known)				☐ Check if th amended f	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	18,507.75
	1c. Copy line 63, Total of all property on Schedule A/B	\$	18,507.75
Pa	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	21,564.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,683.67
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	26,772.34
	Your total liabilities	\$	51,020.01
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,896.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,896.00
Pa	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "11 LLS C & 101(9). Fill out lines 8 Or for statistical purposes 28 LLS C & 150	a personal,	family, or

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 3,620.50

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,683.67
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	2,683.67

btor 1	Michael Luciano	Roykin				
DIOI I	First Name		Name Last Name			
ebtor 2						
oouse, if filing)) First Name	Middle	Name Last Name			
nited State	s Bankruptcy Court for the:	EASTERN	DISTRICT OF MICHIGAN			
ase numbe	er 19-49996-MAR				I	☐ Check if this is a
						amended filing
	Form 106A/B					
ched	lule A/B: Pro _l	perty				12/15
		<u>-</u>	her Real Estate You Own or Have an Interest In my residence, building, land, or similar property?			
■ No	. Go to Part 2.					
☐ Ye	s. Where is the property?					
1			What is the property? Check all that each			
				D		
			What is the property? Check all that apply	the amount of	f any secured	ms or exemptions. Put claims on Schedule D:
Street add	dress, if available, or other description	n	☐ Single-family home	the amount of Creditors Who	f any secured o Have Claims	claims on Schedule D: s Secured by Property.
	,		☐ Single-family home ☐ Duplex or multi-unit building	the amount of Creditors Who Current value entire proper	f any secured o Have Claims e of the	claims on Schedule D: s Secured by Property. Current value of the portion you own?
Street add	dress, if available, or other description	n ZIP Code	☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative	the amount of Creditors Who Current value	f any secured o Have Claims e of the	claims on Schedule D: s Secured by Property. Current value of the
	,		☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home	the amount of Creditors Who Current value entire proper	f any secured o Have Claims e of the	claims on Schedule D: s Secured by Property. Current value of the portion you own?
	,		☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	the amount of Creditors Who Current value entire proper	f any secured o Have Claims e of the	claims on Schedule D: s Secured by Property. Current value of the portion you own?
	,		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property	the amount of Creditors Who Current value entire proper	f any secured o Have Claims e of the	claims on Schedule D: s Secured by Property. Current value of the portion you own?
	,		☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare	the amount of Creditors Who Current value entire proper	f any secured o Have Claims e of the rty?	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$
	,		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other	the amount of Creditors Who Current value entire proper \$ Describe the (such as fee	f any secured o Have Claims e of the rty? e nature of yo simple, tenau	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$ ur ownership interest
	,		☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare	the amount of Creditors Who Current value entire proper \$	f any secured o Have Claims e of the rty? e nature of yo simple, tenau	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$ ur ownership interest
	,		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check	the amount of Creditors Who Current value entire proper \$ Describe the (such as fee	f any secured o Have Claims e of the rty? e nature of yo simple, tenau	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$ ur ownership interest
	,		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one	the amount of Creditors Who Current value entire proper \$ Describe the (such as fee	f any secured o Have Claims e of the rty? e nature of yo simple, tenau	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$ ur ownership interest
	,		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one	the amount of Creditors Who Current value entire proper \$ Describe the (such as fee a life estate),	f any secured o Have Claims e of the rty?	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$ ur ownership interest ncy by the entireties, o
City	,		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Describe the (such as fee a life estate), Check if (see inst	f any secured o Have Claims e of the rty? e nature of yo simple, tenan, if known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$ ur ownership interest
City	,		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 2 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this its	Describe the (such as fee a life estate), Check if (see inst	f any secured o Have Claims e of the rty? e nature of yo simple, tenan, if known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$ ur ownership interest ncy by the entireties, c
City	,		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Describe the (such as fee a life estate), Check if (see inst	f any secured o Have Claims e of the rty? e nature of yo simple, tenan, if known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$ ur ownership interest ncy by the entireties, of
City	,		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 2 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this its	Describe the (such as fee a life estate), Check if (see inst	f any secured o Have Claims e of the rty? e nature of yo simple, tenan, if known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$ ur ownership interest ncy by the entireties, c

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debte	or 1 Michael Lu	ciano Boykin	Case number (if known) 19-49996-MAR		
. Ca	rs, vans, trucks, tra	ctors, sport utility ve	hicles, motorcycles		
	No				
	Yes				
3.1	Make: Dodge		Who has an interest in the property? Check one		ured claims or exemptions. Put secured claims on <i>Schedule D:</i>
	Model: Challen	ger	Debtor 1 only	Creditors Who Ha	ve Claims Secured by Property.
	Year: 2015		Debtor 2 only	Current value of	
	Approximate mileage: Other information:	94,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	VIN 2C3CDZAG3	REH877446	At least one of the debtors and another		
	VIIV 2030DZAG	711077440	☐ Check if this is community property (see instructions)	\$10,981	\$10,981.00
.pa Part S Do y	Describe Your Person own or have any	hed for Part 2. Write sonal and Household It legal or equitable in	en for all of your entries from Part 2, includin that number hereems ems terest in any of the following items?		\$10,981.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
E_{λ}	usehold goods and camples: Major application No Yes. Describe	i Turnisnings ances, furniture, linens	, china, kitchenware		
		Furniture			\$500.0
		Appliances			\$500.0
		Linens/China/K	itchenware		\$100.0
E	including ce	and radios; audio, videll phones, cameras, m	eo, stereo, and digital equipment; computers, p nedia players, games	rinters, scanners; music c	ollections; electronic devices
	Yes. Describe				
	res. Describe	2 TVs			\$300.0
	res. Describe	2 TVs			\$300.0
	res. Describe				\$300.0 \$20.0
	res. Describe	2 TVs			<u>-</u>
	res. Describe				

Official Form 106A/B Schedule A/B: Property page 2

De	ebtor 1	Michael Luciano Boykin	Case number (if known)	19-49996-MAR
8.		bles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures other collections, memorabilia, collectibles	, or other art objects; stamp, coin,	or baseball card collections;
	■ No □ Yes.	Describe		
9.		ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pod musical instruments	ol tables, golf clubs, skis; canoes a	and kayaks; carpentry tools;
	■ No	Describe		
10.	Firearn			
	■ No	Possible		
		Describe		
	□ No Î	oles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	S	
	Yes.	Describe		
		Clothing		\$500.00
		[¢400.00
		Shoes		\$100.00
	□ No ■ Yes.	Describe Gold Chain		\$200.00
13.	Examp ■ No	rm animals oles: Dogs, cats, birds, horses Describe		
14.	Any ot	her personal and household items you did not already list, including an	y health aids you did not list	
	■ No □ Yes	Give specific information		
			I	
15		the dollar value of all of your entries from Part 3, including any entries for the definition of the desired that number here		\$2,420.00
D-	-	and the Very Fire and the sector	l	
		scribe Your Financial Assets vn or have any legal or equitable interest in any of the following?		Current value of the
	,	, , , , , , , , , , , , , , , , , , ,		portion you own? Do not deduct secured claims or exemptions.
	□ No	oles: Money you have in your wallet, in your home, in a safe deposit box, and	on hand when you file your petition	on
	_ 100		01-	
			Cash - debtor's possession	\$100.00

Official Form 106A/B Schedule A/B: Property page 3

	Wilchael Luci	and be	укш	Tase number (# known)	<u> </u>
7.	Deposits of money				
				Ints; certificates of deposit; shares in credit unions, brokerage houses, and othe vith the same institution, list each.	r sımılar
	□ No	ii you na	ve munipie accounts v	with the same institution, list each.	
	_			Institution name:	
	■ Yes				
				Zeal Credit Union	
			01 11	Acocunt# xxxxxxx3855	#0.00
		17.1.	Checking	Note: account balance <-\$649.00>	\$0.00
				Zeal Credit Union	
		17.2.	Savings	Account# xxxxxxx3848	\$161.75
				Natanand	
		47.0	Democit Card	Netspend Account# xxxx xxxx xxxx 0973	\$4.00
		17.3.	Deposit Card	ACCOUNT XXXX XXXX XXXX U973	\$4.00
	■ No □ Yes	investm	ent accounts with brok		
9.	Non-publicly traded storage joint venture No	ock and	interests in incorpor	ated and unincorporated businesses, including an interest in an LLC, par	tnership, and
	☐ Yes. Give specific info	ormation	about them		
	— 100. O 110 opcome min		me of entity:	 % of ownership:	
			,		
20.	Negotiable instruments	include į	personal checks, cash	iable and non-negotiable instruments iers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them.	
	☐ Yes. Give specific info	rmation	about them		
	·	lss	uer name:		
21.	Retirement or pension Examples: Interests in II No			3(b), thrift savings accounts, or other pension or profit-sharing plans	
	☐ Yes. List each accoun	t senara	telv		
	— 100. Elot 040.1 4000411		of account:	Institution name:	
		.) [-			
22.		d deposi	ts you have made so t	hat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications companies, or others	
	Yes			Institution name or individual:	
		Rent		Landlord	\$1,200.00
_					
	Ammulting (Ammulting)			to any of the offer life on few and an of a com-	
<u>′</u> 3.	_ `	r a perio	aic payment of money	to you, either for life or for a number of years)	
	■ No				
	☐ Yes Iss	uer nam	ne and description.		
24.	Interests in an education 26 U.S.C. §§ 530(b)(1), 5			alified ABLE program, or under a qualified state tuition program.	
	■ No				
	☐ Yes Ins	stitution i	name and description.	Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts, equitable or fut ■ No	ure inte	rests in property (oth	ner than anything listed in line 1), and rights or powers exercisable for you	ır benefit
	☐ Yes. Give specific info	ormation	about them		

Schedule A/B: Property Official Form 106A/B page 4

D	ebtor 1	Michael Luciano Boykin		С	ase number (if known)	19-49996-MAR
26.	Examp	s, copyrights, trademarks, trade	secrets, and other intellectual protes, proceeds from royalties and lice		s	
	■ No □ Yes.	Give specific information about the	em			
27.	_Examp	es, franchises, and other genera les: Building permits, exclusive lice	I intangibles enses, cooperative association hold	ings, liquor license	es, professional license	es
	■ No □ Yes.	Give specific information about the	em			
M	oney or p	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	□ No	unds owed to you Give specific information about the	m, including whether you already fil	ed the returns and	d the tax years	
			2019 Pro Rata Income Tax Re	efunds	Federal and Sta	te \$3,641.00
30.	■ No □ Yes. 0 Other a Examp ■ No □ Yes.	des: Past due or lump sum alimony Give specific information mounts someone owes you des: Unpaid wages, disability insur benefits; unpaid loans you ma	r, spousal support, child support, ma ance payments, disability benefits, s de to someone else	·		
31.	Examp ■ No	ts in insurance policies les: Health, disability, or life insura Name the insurance company of e Company na		credit, homeowned		Surrender or refund value:
32.	If you a someo	erest in property that is due you are the beneficiary of a living trust, ne has died. Give specific information	from someone who has died expect proceeds from a life insuran	ce policy, or are c	urrently entitled to rece	eive property because
33.	Examp ■ No	lles: Accidents, employment disput	r not you have filed a lawsuit or n es, insurance claims, or rights to su		or payment	
_		Describe each claim				
34.	■ No	Describe each claim	ns of every nature, including cou	nterclaims of the	e debtor and rights to	set off claims
35.	_ `	ancial assets you did not alread	y list			
	■ No □ Yes.	Give specific information				

Official Form 106A/B Schedule A/B: Property page 5

Debt	tor 1	Michael Lucia	ano Boykin	Case number (if known)	19-49996-MAR
			f all of your entries from Part 4, including any entries for pa umber here		\$5,106.75
Part	5: Desc	ribe Any Busines	ss-Related Property You Own or Have an Interest In. List any real es	tate in Part 1.	
37. D	o you ow	n or have any leg	gal or equitable interest in any business-related property?		
	No. Go to	Part 6.			
	Yes. Go	to line 38.			
					• • • • •
					Current value of the portion you own? Do not deduct secured claims or exemptions.
38. A	Accounts	s receivable or	commissions you already earned		
	l No				
		escribe			
20 6	Office on	uinmont furni	shings, and supplies		
39.	Example	s: Business-rela	ated computers, software, modems, printers, copiers, fax machin	nes, rugs, telephones, desks	chairs, electronic devices
	l No				
	Yes. D	escribe			
		Г		1	
		L			
40. N	/lachine	ry, fixtures, equ	uipment, supplies you use in business, and tools of your tra	ade	
	l No				
	I Yes. D	escribe			
]			
/1 I	Inventor	v			
- 1	inventor	,			
	l No				
	Yes. D	escribe			
		Γ			
		L			
42. l ı	nterests	in partnership	s or joint ventures		
	l No				
		ive specific info	rmation about them		
			Name of entity:	% of ownership:	
				%	
43. C	Custome	r lists, mailing	lists, or other compilations		
	No.				
	Do your	lists include pers	sonally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
		No			
		Yes. Describe.			
44. A	Any busi	ness-related ni	roperty you did not already list		
	-				
	l No				
	I Yes. Gi	ve specific infor	mation		

Official Form 106A/B Schedule A/B: Property page 6

De	btor 1	Michael Luciano Boykin	Case number (if known)	19-49996-MAR
45.		ne dollar value of all of your entries from Part 5, including any entries		
	for Pa	rt 5. Write that number here		
Par	rt 6: Des	cribe Any Farm- and Commercial Fishing-Related Property You Own or Have a u own or have an interest in farmland, list it in Part 1.	an Interest In.	
46.	-	own or have any legal or equitable interest in any farm- or commerci So to Part 7.	al fishing-related property?	
		Go to line 47.		
				Current value of the portion you own?
				Do not deduct secured
				claims or exemptions.
47.	Farm an Examp	nimals les: Livestock, poultry, farm-raised fish		
	□ No			
	□ No □ Yes			
	_			
48.	Crops-	either growing or harvested		
	□ No			
	⊔ Yes. (Give specific information		
49.	Farm ar	nd fishing equipment, implements, machinery, fixtures, and tools of t	rade	
	□ No			
	☐ Yes			
50	Farm ar	nd fishing supplies, chemicals, and feed		
		a noning cappines, enomicals, and roca		
	□ No □ Yes			
51.	Any far	m- and commercial fishing-related property you did not already list		
	□ No			
	☐ Yes. (Give specific information		
52	Add th	ne dollar value of all of your entries from Part 6, including any entries	for nages you have attached	
JZ.		rt 6. Write that number here		
	,		1	
Par	rt 7:	Describe All Property You Own or Have an Interest in That You Did Not List A	bove	
53.	Do you	have other property of any kind you did not already list? les: Season tickets, country club membership		
	■ No	os. Socion donoto, oddina y oldo momboromp		
	☐ Yes. 0	Give specific information		

Official Form 106A/B Schedule A/B: Property page 7 Debtor 1 Case number (if known) Michael Luciano Boykin 19-49996-MAR 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$10,981.00 Part 3: Total personal and household items, line 15 57. \$2,420.00 Part 4: Total financial assets, line 36 58. \$5,106.75 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$18,507.75 Copy personal property total \$18,507.75 Total of all property on Schedule A/B. Add line 55 + line 62 \$18,507.75

Fill in this inform	mation to identify your	case:		
Debtor 1	Michael Luciano	Boykin		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number	19-49996-MAR			
(if known)	10 4000 III/((Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as	Exempt
--	--------

	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	2015 Dodge Challenger 94,000 miles VIN 2C3CDZAG3FH877446	\$10,981.00		\$4,000.00	11 U.S.C. § 522(d)(2)
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	Furniture Line from Schedule A/B: 6.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
	Line Holli Schedule Av.D. V.1			100% of fair market value, up to any applicable statutory limit	
	Appliances Line from Schedule A/B: 6.2	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
	Line nom <i>Schedule Alb.</i> V.2			100% of fair market value, up to any applicable statutory limit	
	Linens/China/Kitchenware Line from Schedule A/B: 6.3	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
	Ellie Holli Genedale Av.B. 4.4			100% of fair market value, up to any applicable statutory limit	
	2 TVs Line from Schedule A/B: 7.1	\$300.00		\$300.00	11 U.S.C. § 522(d)(3)
	Line nom Schedule AVD. 1.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim ck only one box for each exemption.	Specific laws that allow exemption
2008 Computer Line from Schedule A/B: 7.2	\$20.00	■	\$20.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Cell Phone Line from Schedule A/B: 7.3	\$200.00	■ □	\$200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Clothing Line from Schedule A/B: 11.1	\$500.00	•	\$500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Shoes Line from Schedule A/B: 11.2	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Gold Chain Line from Schedule A/B: 12.1	\$200.00	■	\$200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Cash - debtor's possession Line from Schedule A/B: 16.1	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Savings: Zeal Credit Union Account# xxxxxxx3848 Line from Schedule A/B: 17.2	\$161.75	=	\$161.75 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Deposit Card: Netspend Account# xxxx xxxx xxxx 0973 Line from Schedule A/B: 17.3	\$4.00		\$4.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Rent: Landlord Line from Schedule A/B: 22.1	\$1,200.00		\$1,200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Federal and State: 2019 Pro Rata ncome Tax Refunds Line from Schedule A/B: 28.1	\$3,641.00	•	\$3,641.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ises fi	·	,

Fill in this info	ormation to identify yo	ur case:			
Debtor 1	Michael Lucian				
Dahtano	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name		-	
United States E	Bankruptcy Court for the	: EASTERN DISTRICT OF MICHIGAN			
Case number	19-49996-MAR				
(if known)	19-49990-WAN			☐ Check	t if this is an
				amen	ded filing
Official Fo	rm 106D				
		What I laye Claims Coorne	d by Dranaut		4044
Schedule	e D: Creditors	Who Have Claims Secured	a by Propert	<u>y</u>	12/15
	the Additional Page, fill it	If two married people are filing together, both are eq out, number the entries, and attach it to this form. O			
1. Do any credito	ors have claims secured b	y your property?			
☐ No. Che	eck this box and submit	his form to the court with your other schedules. Y	ou have nothing else	to report on this form.	
Yes. Fill	in all of the information	below.			
	All Secured Claims				
		more than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. If	f more than one creditor ha	s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Chrysle	r Capital	Describe the property that secures the claim:	\$21,564.00	\$10,981.00	\$10,583.00
Creditor's Na	ame	2015 Dodge Challenger 94,000 miles VIN 2C3CDZAG3FH877446			
РО Вох	961245	As of the date you file, the claim is: Check all that			
	orth, TX 76161	apply. □ Contingent			
Number, Stre	eet, City, State & Zip Code	☐ Unliquidated			
		Disputed			
_	debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only		 An agreement you made (such as mortgage or sec car loan) 	cured		
☐ Debtor 2 only ☐ Debtor 1 and		Statutory lien (such as tax lien, mechanic's lien)			
_	of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this community	claim relates to a debt	Other (including a right to offset)			
Date debt was in	ncurred 3/24/2017	Last 4 digits of account number1320			
A -1 -1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		National Annual Materials and American	* 04.54	C4 00	
	•	column A on this page. Write that number here: the dollar value totals from all pages.	\$21,50		
10 1110 14			\$21.50	KA OO I	

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you make cliff lit out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1:							
Debtor 2 Spouse it, Bling) First Name Middle Name Last Name	Fill in this in	nformation to identify your cas	se:				
Debtor 2 (Spouse if, illing) First Name Middle Name Last Name	Debtor 1	Michael Luciano Bo	ykin				
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Gl known 19-49996-MAR			,	9			
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number 19-49996-MAR (if known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on the fluide any creditors with partially secured claims that are listed to exhedule 0. Executory Contracts and Unapplied Leases (Official Form 1060.) Do not include any creditors with partially secured claims that are listed in or the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims is alphabetical order according to the creditor's name. If you have more than two proority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other readitors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority amounts. As much as possible, list the claim is alphabetical order according to the creditor's name. If you have more than none redition have propriority amounts. As much as possible, list the claims is for a claim. For each claim is c		First Name	Middle Name Last Nam	2			
Case number 19-49996-MAR (If this is an amended filling) Offficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party any executory contracts or schedule Alls: Properly (Official Form 106A/B) and on schedule 6: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on to include any creditors with star are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, 0 not file that Part. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have priority unsecured claims against yeu? 1. No. Go to Part 2. 1. Yes. 2. List all of Your PRIORITY Unsecured Claims is a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claims hare propriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) 1. If the claim is provided in the continuation Page of Part 1 only 1. Priority Creditor's Name 2. List all of your priority creditor's Name 2. Centralized Insolvency 2. Operations 3. Priority Priority Priority Priority amounts and the priority amounts and the continuation Page of Part 1 only 2. Debtor 1 only 3. Priority Creditor's Name 3. Check if this claim is for a community de							
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule D: Creditors With Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the transfer and case number (if known). The Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors who was priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, Identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority and nonpriority amounts. As much as possible, list the claims in sphabetical order according to the creditors name. If you have more than two priority unsecured claims. If or each claim listed, Identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in sphabetical order according to the creditors name. If you have more than two priority unsecured claims. If or each claim listed, Identify what type of claim, is the claim is instruction booklet.) Priority Creditor's Name Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	Office Clate	Dankruptoy Court for the.	ACTEMIC BIOTHER INC.				
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NoNPRIORITY claims. List the other party any executory contracts or unspripted leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and Unaxpired Interest and Schedule 0: Execution on the continuation Pages, write your aname and case number of (Room). By es. List All of Your PRIORITY Unsecured Claims against you? No. Go to Part 2: Yes. List All of Your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim its. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you		19-49996-MAR					
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.	(if known)					_	
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.	Official F	orm 106F/F					
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Sceneral AB: Property (Official Form 166AB) and on Schedule D: Creditors With PRIORITY claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the flat. Attach the Continuation Page to this page, if you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims No Go to Part 2. Page P			o Have Unsecured Claim	s			12/15
No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) IRS Last 4 digits of account number 0604 \$932.67 \$932.67 \$0.00 Priority Creditor's Name Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Quinciple of Check if this claim is for a community debt Is the claim subject to offset? Taxes and certain other debts you owe the government	Schedule D: C left. Attach the name and cas	creditors Who Have Claims Secure e Continuation Page to this page. I e number (if known).	d by Property. If more space is needed, co f you have no information to report in a Pa	py the Par	t you need, fill it out,	number the entries in	n the boxes on the
■ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) IRS Last 4 digits of account number Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Type of PRIORITY unsecured claim: Taxes and certain other debts you owe the government list the claim subject to offset? No No Claim for death or personal injury while you were intoxicated							
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) IRS Last 4 digits of account number Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Check if this claim is for a community debt is the claim subject to offset? No No Claims for death or personal injury while you were intoxicated Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated	□ No. Go	o to Part 2.					
identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) In the claims of the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name of the claim is to a community debt is the claim subject to offset? In the claim is the claim is for a community amount. In the claim is the claim of the debt in the claim is the claim of the debt in the claim of the claim is the claim of the claim is the claim in the claim in the claim in the claim in the claims in the claims in the claims of the claim in the claims of the claim in the claim in the claims in the claim in the claims in the claim in the claims in the claim in the claims in the claims in the claim is the claim in the claims in the claims i	Yes.						
IRS	identify wh possible, l	hat type of claim it is. If a claim has b list the claims in alphabetical order a	oth priority and nonpriority amounts, list that occording to the creditor's name. If you have m	laim here a	and show both priority a	nd nonpriority amoun	ts. As much as
Priority Creditor's Name Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? 12/31/2017 12	(For an ex	xplanation of each type of claim, see	the instructions for this form in the instruction	booklet.)	Total claim	•	
Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? 12/31/2017 12/31/2017 12/31/2017 12/31/2017 12/31/2017 12/31/2017 12/31/2017 12/31/2017 12/31/2017 12/31/2017 12/31/2017 12/31/2017 12/31/2017 12/31/2017 13/	2.1 IRS		Last 4 digits of account number	0604	\$932.67	\$932.67	\$0.00
Operations PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify		,	When we the debt incomed?	40/04/0	0047		
PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify		-	when was the debt incurred?	12/31/2	.017	-	
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply Dent is: Check all that apply Contingent Dent is: Check all that apply Contingent Dent is: Check all that apply De	PO	Box 7346					
Who incurred the debt? Check one. ☐ Contingent ☐ Debtor 1 only ☐ Unliquidated ☐ Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only ☐ Type of PRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify			As of the date you file, the claim	is: Check :	all that apply		
□ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □ Other.		, ,	•		an triat apply		
□ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □ Other.	■ Debt	tor 1 only	<u> </u>				
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify	☐ Debt	for 2 only					
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify	_		•	im:			
☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Other. Specify		· ·	☐ Domestic support obligations				
Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify			debt Taxes and certain other debts v	ou owe the	e government		
■ No □ Other. Specify		•					
☐ Yes 2017 IRS 1040 Tax	☐ Yes			040 Tax			

btor 1 Michael Luciano Boykin		Case num	ber (if known)	19-49996-MAR	
IRS	Last 4 digits of account number	0604	\$1,751.00	\$1,751.00	\$0.00
Priority Creditor's Name Centralized Insolvency Operations PO Box 7346	When was the debt incurred?	12/31/2018	3	-	
Philadelphia, PA 19101-7346					
Number Street City State Zip Code	As of the date you file, the claim	is: Check all the	at apply		
Who incurred the debt? Check one.	☐ Contingent				
■ Debtor 1 only	☐ Unliquidated				
☐ Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
\square Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the gov	ernment		
Is the claim subject to offset?	Claims for death or personal inj	ury while you we	ere intoxicated		
■ No	☐ Other. Specify				
Yes	2018 IRS 1	040 Tax			
IRS/Chief Counsel	Last 4 digits of account number	0604	\$0.00	\$0.00	\$0.00
Priority Creditor's Name 1 Detroit Center	When was the debt incurred?			_	
500 Woodward Ste 1300 Stop 31 Detroit, MI 48226					
Number Street City State Zip Code	As of the date you file, the claim	is: Check all the	at apply		
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
☐ Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the gov	ernment		
Is the claim subject to offset?	☐ Claims for death or personal inj	_			
■ No	Other. Specify				
Yes	Notice Onl	у			
rt 2: List All of Your NONPRIORITY Unsecu	red Claims				
Do any creditors have nonpriority unsecured claim	ns against you?				
$\hfill\square$ No. You have nothing to report in this part. Submit	this form to the court with your other	schedules.			
Yes.					
List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.	laim. For each claim listed, identify wh	nat type of claim	it is. Do not list cla	aims already included in Par	t 1. If more
FdILZ.					

Total claim

Nonpriority Creditor's Name PO Boy 381537 EI Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	Debtor	1 Michael Luciano Boykin		Case number (if known) 19-49996-MAR	1
PO Box 981537 EI Paso, TX 79998 Number Street City State 2ip Code Who incurred the debt? Check one. Debtor 1 only	4.1		Last 4 digits of account number	8738	\$1,426.00
Number Street City State Zip Code No incurred the debt? Check one. Debtor 1 only Consingent Unliquidated Debtor 2 only Unliquidated Debtor 2 only Debtor 3 and public of the debtors and another Check it this claim is for a community debt Student loans Debtor 2 only Debtor 3 and public of the debtors and another Check it this claim is for a community debt Student loans Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and public of the debtors and another Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 the debtors and another Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 the debtor 3 only Debtor 4 the debtor 4 bed 5 only Debtor 4 the debtor 4 bed 5 only Debtor 4 bed 6 the debtor 4 bed 7 bed 6 the debtor 4 bed 7 bed 7 bed 7 bed 7 bed 8 the debt 6 the debtor 5 bed 8 the debt 6 bed 7 bed 7 bed 8 the debtor 5 bed 8 the debt 6 bed 7 bed 8 the debtor 5 bed 8 the debtor 5 bed 6 the debtor 5 bed 8 the debtor 5 bed 6 the debtor 5 bed 8 the debtor 5 bed 6 the debtor 5 bed 8 the debtor 5 bed 6 the 6 bed 6		PO Box 981537	When was the debt incurred?	8/24/2017	
Debtor 1 and Debtor 2 only Disputed		Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Debtor 1 and Debtor 2 only					
Arrowhead Advance Nonpriority Creditor's Name PO Box 6048 Pine Ridge, SD 57770 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only		☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
Nonpriority Creditor's Name PO Box 6048 Pine Ridge, SD 57770 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Street City State Zip Code Who incurred the debt? Check if this claim is for a community debt Is the claim subject to offset? AT&T Nonpriority Creditor's Name PO Box 8212 Aurora, IL 60572-8212 Number Street City State Zip Code Who incurred the debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9		Yes	Other. Specify Misc		
PO Box 6048 Pine Ridge, SD 57770 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply Check if this claim is for a community debt No	4.2		Last 4 digits of account number	6883	\$1,244.44
Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 3 only Debtor 4 at least one of the debtors and another Is the claim subject to offset? No Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Student loans Student loans Debtor 3 only Claims Debtor 3 only Claims Debtor 4 only Claims Debtor 4 only Claims Debtor 4 only Claims Debtor 5 to pension or profit-sharing plans, and other similar debts		PO Box 6048 Pine Ridge, SD 57770 Number Street City State Zip Code	_		
Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising plans, and other similar debts		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed		
AT&T Nonpriority Creditor's Name PO Box 8212 Aurora, IL 60572-8212 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No No No Last 4 digits of account number O604 \$2,600.00 When was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply Vhen was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply Vhen was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply Vhen was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply Vhen was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply Vhen was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply Vhen was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separations		
Nonpriority Creditor's Name PO Box 8212 Aurora, IL 60572-8212 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Unliquidated Unliquidated Unliquidated Unliquidated Unknown As of the date you file, the claim is: Check all that apply Toekck all that apply Debtor 1 only Unliquidated Unknown As of the date you file, the claim is: Check all that apply Unknown As of the date you file, the claim is: Check all that apply				ng plans, and other similar debts	
Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the claim is: Check all that apply Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts	4.3	Nonpriority Creditor's Name PO Box 8212	_		\$2,600.00
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 2 only	☐ Unliquidated		
Is the claim subject to offset? ■ No □ Debts to pension or profit-sharing plans, and other similar debts		☐ At least one of the debtors and another ☐ Check if this claim is for a community	Type of NONPRIORITY unsecure Student loans		
☐ Yes ☐ Other. Specify Cellular		Is the claim subject to offset?	report as priority claims	· ,	
		Yes	Other. Specify Cellular		

Brite Dental Care Netroprocity Creditor's Name 7676 N. Cartinon Centrer Rd. Cartinon, Mil 49187 Rubber Serve City State Lp Code Who incurred the debt' Check one. Celebrat 2 only Check if this claim is for a community debt is the claim subject to offset?	Debtor	Michael Luciano Boykin	Case number (if known) 19	0-49996-MAR
As of the date you file, the claim is: Check all that upply As of the date you file, the claim is: Check all that upply			Last 4 digits of account number 3177	\$80.00
Number Street City State Zp Code No incurred the debt? Chock one. Debtor 1 only Contingent Uniquidated Debtor 2 only Debtor 2 only Debtor 3 and Debtor 3 only Debtor 4 and Debtor 3 only Debtor 4 and Debtor 3 only Debtor 4 only Debtor 5 only Debt		7676 N. Canton Center Rd.	When was the debt incurred? 8/2017	
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Debtor 2 only Disputed Disp		Who incurred the debt? Check one.		
Debtor 1 and Debtor 2 only		Debtor 1 only	☐ Contingent	
At least one of the debtors and another Check if this claim is for a community debt Student loans Stud		Debtor 2 only	☐ Unliquidated	
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Check if this claim subject to offset? Check in this claim subject to offset? Check in the claim subject to offset? Ch		☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset? Solid No		☐ Check if this claim is for a community		
No				ou did not
## Other. Specify Dental ## Oth		•		
4.5 Brite Financial Services LLC Norpriority Creditor's Name 101 West 14 Mills Rd. Madison Heights, MI 48071 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 3 offset? No Norpriority Creditor's Name Student loans Separation agreement or divorce that you did not report as priority claims Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 3 offset City State Zip Code Who incurred the debtors and another Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 street City State Zip Code Who incurred the debtors and another Store City State Zip Code Who incurred the debtors and another Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt loans Store Sepulveda Blvd, 4 Floor Van Nuys, CA 91411 As of the date you file, the claim is: Check all that apply When was the debt incurred? 4.6 Caine & Weiner Street City State Zip Code Who incurred the debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Student loans Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 debtors and another Street City State Zip Code Who incurred the debtors and another Street City State Zip Code Who incurred the debtors and another Street City State Zip Code Who incurred the debtors and another Street City State Zip Code Who incurred the debtors and another Student loans Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Situdent loans Debtor 9 only Situdent loans D				
Nonproirty Creditor's Name 101 West 14 Mile Rd. Madison Heights, MI 48071 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 3 only Debtor 4 tries claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5805 Sepulveda Bivd. 4 Floor Van Nuys, CA 91411 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 onloy Debtor 2 only Debtor 3 onloy Debtor 4 onloy Debtor 5805 Sepulveda Bivd. 4 Floor Van Nuys, CA 91411 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 onloy Debtor 2 only Debtor 1 onloy Debtor 2 only Debtor 3 onloy Debtor 4 least one of the debtors and another Check if this claim is for a community debt Unliquidated Debtor 4 onloy Debtor 5 only Debtor 5 only Debtor 6 onloy Debtor 6 onloy Debtor 6 onloy Debtor 7 onloy Debtor 8 onloy Debtor 9 onloy Debtor 1 onloy Debtor 9 onloy Debtor		Yes	Other. Specify Dental	
101 West 14 Mile Rd. Madison Heights, MI 48071 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Other is and Debtor 2 only Is the claim subject to offset? Nonpriority Creditor's Name 5805 Sepulveda Blvd, 4 Floor Van Nuys, CA 91411 Number Street City State Zip Code Who incurred the debtors and another S805 Sepulveda Blvd, 4 Floor Van Nuys, CA 91411 Number Street City State Zip Code Who incurred the debtors and another Check if this claim is for a community debt Other. Specify Other. Specify Vehicle deficiency 4.6 Caine & Weiner Nonpriority Creditor's Name 5805 Sepulveda Blvd, 4 Floor Van Nuys, CA 91411 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Student loans Contingent Unliquidated Debtor 1 and Debtor 2 only Check if this claim is for a community debt Student loans Student loans Student loans Contingent Student loans Debtor 1 only Debtor 1 only Debtor 1 only Debtor 3 only Debtor 3 only Debtor 4 only Olipiquidated Student loans Student loans Student loans Debtor 3 only of a separation agreement or divorce that you did not report as priority claims Student loans Debtor 3 only of a separation agreement or divorce that you did not report as priority claims Student loans Debtor 4 only of a separation agreement or divorce that you did not report as priority claims Debtor 5 onforty claims Student loans Debtor 5 onforty claims Debtor 5 onforty claims Debtor 6 onforty Check in this claim is check all that apply			Last 4 digits of account number 7818	\$4,686.00
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? At least one of the debtors and another S805 Sepulveda Blvd. 4 Floor Van Nuys, CA 91411 Number Street City State Zip Code Who incurred the debtors and another Debtor 1 and Debtor 2 only Check if this claim is for a community Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community Debtor 1 she claim subject to offset? Student loans Contingent Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 4 offset? Student loans Debtor 4 offset? Student loans Debtor 4 only Contingent Debtor 5 only Debtor 6 NONPRIORITY unsecured claim: Student loans Debtor 6 NONPRIORITY unsecured report as priority claims Debtor 6 NONPRIORITY unsecured offset report as priority claims Debtor 6 NONPRIORITY unsecured report as priority claims Debtor 6 NONPRIORITY unsecured report as priority claims Debtor 6 NONPRIORITY unsecured report as priority claims Debtor 7 Debtor 8 None 7 Debtor 8 None 8 Post 8 None 8 Non		101 West 14 Mile Rd.	When was the debt incurred? 7/20/2012	
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Caine & Weiner		☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Vehicle deficiency 4.6 Caine & Weiner Nonpriority Creditor's Name 5805 Sepulveda Blvd. 4 Floor Van Nuys, CA 91411 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Teport as priority claims Pobles to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		☐ Check if this claim is for a community	☐ Student loans	
4.6 Caine & Weiner Nonpriority Creditor's Name 5805 Sepulveda Blvd. 4 Floor Van Nuys, CA 91411 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Last 4 digits of account number 1164 When was the debt incurred? 4/11/2017 As of the date you file, the claim is: Check all that apply When was the debt incurred? 4/11/2017 As of the date you file, the claim is: Check all that apply Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts				ou did not
A.6 Caine & Weiner Nonpriority Creditor's Name 5805 Sepulveda Blvd. 4 Floor Van Nuys, CA 91411 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number 1164 \$292.00 When was the debt incurred? 4/11/2017 As of the date you file, the claim is: Check all that apply When was the debt incurred? 4/11/2017 As of the date you file, the claim is: Check all that apply To Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Doligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
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Nonpriority Creditor's Name 5805 Sepulveda Blvd. 4 Floor Van Nuys, CA 91411 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? 4/11/2017 As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	46	Caina & Wainer	Last 4 digits of account number 1164	\$202.00
Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? □ No □ Debtor 1 and Oebtor 2 only □ Disputed □ Disputed □ Disputed □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts				Ψ232.00
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Who incurred the debt? Check one. □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			As of the date you file, the claim is: Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Is the claim subject to offset? □ Disputed □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		·	, , , , , , , , , , , , , , , , , , , ,	
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□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 2 only	☐ Unliquidated	
☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		☐ Debtor 1 and Debtor 2 only	☐ Disputed	
□ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
debt Is the claim subject to offset? ■ No Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		☐ Check if this claim is for a community	☐ Student loans	
■ No □ Debts to pension or profit-sharing plans, and other similar debts		debt		ou did not
		_	<u> </u>	
□ Yes □ Other. Specify NISC				
		⊔ Yes	Other. Specify WISC	

Schedule E/F: Creditors Who Have Unsecured Claims

Capital One Bank USA NA	Last 4 digits of account number	9403	\$674.0	
Nonpriority Creditor's Name	_			
PO Box 30281 Salt Lake City, UT 84130-0281	When was the debt incurred?	7/12/2016		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply		
_				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	Disputed	d alabar		
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:		
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not		
No	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debts		
	·	g plans, and other similar debts		
Yes	Other. Specify Misc			
Check n' Go	Last 4 digits of account number	0604	\$600.0	
Nonpriority Creditor's Name 2083 Middlebelt Rd Garden City, MI 48135	When was the debt incurred?	2019		
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply		
Who incurred the debt? Check one.				
■ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharin	☐ Debts to pension or profit-sharing plans, and other similar debts		
Yes	Other. Specify Cash Adva	nce		
		0004		
Checksmart Nonpriority Creditor's Name	Last 4 digits of account number		\$600.0	
46050 Michigan Ave	When was the debt incurred?	2019		
Canton, MI 48188				
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
_				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
At least one of the debtors and another	Student loans	u Oldini.		
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not		
	port do priority didiffic			
■ No	Debts to pension or profit-sharin	g plans, and other similar debts		

Michael Luciano Boykin		Case number (if known) 19-49996-I	MAR			
Co-op Services Credit Union	Last 4 digits of account number	0036	\$976.0			
Nonpriority Creditor's Name N/K/A Zeal Credit Union 17250 Newburgh Livonia, MI 48152	When was the debt incurred?	10/31/2016	_			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	_ '	d claim:				
☐ Check if this claim is for a communi	Пост					
debt Is the claim subject to offset?		aration agreement or divorce that you did not				
No	☐ Debts to pension or profit-sharir	☐ Debts to pension or profit-sharing plans, and other similar debts				
Yes	Other. Specify Misc		_			
Collection Bureau of FT Walton		0545	\$200.0			
Beach Nonpriority Creditor's Name	Last 4 digits of account number	0343	\$200.			
PO Box 4127	When was the debt incurred?	6/2016				
Fort Walton Beach, FL 32549-4			_			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply				
_	_					
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed	Later				
At least one of the debtors and another		d claim:				
☐ Check if this claim is for a communidebt	<u> </u>					
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts				
☐ Yes	Other. Specify Misc		_			
Fingerhut/Jefferson Capital		1520	\$210.0			
Nonpriority Creditor's Name	Last 4 digits of account number		φ210.			
16 McLeland Road Saint Cloud, MN 56303	When was the debt incurred?	9/27/2018	_			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another		d claim:				
☐ Check if this claim is for a communi	Постан					
debt Is the claim subject to offset?	<u> </u>	aration agreement or divorce that you did not				
No	☐ Debts to pension or profit-sharir					

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify Misc

First Premier Bank	Last 4 digits of account number	3342	\$66	
Nonpriority Creditor's Name PO Box 1348	- Miles were the debt in some 10	0/7/2045		
PO Box 1348 Sioux Falls, SD 57107	When was the debt incurred?	8/7/2015		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
No	Debts to pension or profit-sharing	g plans, and other similar debts		
Yes	Other. Specify Misc			
Garden City Hospital	Last 4 digits of account number	8102	\$2,7 <i>′</i>	
Nonpriority Creditor's Name			* /	
6245 Inkster Rd.	When was the debt incurred?	6/2015		
Garden City, MI 48135 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.	,			
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt		ration agreement or divorce that you did not		
Is the claim subject to offset?	report as priority claims			
No	☐ Debts to pension or profit-sharing	g plans, and other similar debts		
Yes	Other. Specify Misc			
Henry Ford Hospital	Last 4 digits of account number	0604	\$1,00	
Nonpriority Creditor's Name	_			
P.O Box 55000	When was the debt incurred?	Unknown		
Detroit, MI 48255 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.	•	,		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
□ Yes	■ Other Specify Medical			

Schedule E/F: Creditors Who Have Unsecured Claims

Lending Club Corporation	Last 4 digits of account number	2578	\$3,499.0
Nonpriority Creditor's Name 71 Stevenson St.		12/19/2017	
San Francisco, CA 94105	_		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other Specify Misc		
Merrick Bank Nonpriority Creditor's Name	Last 4 digits of account number	<u>1923</u>	\$662.0
PO Box 9201 Old Bethpage, NY 11804	When was the debt incurred?	10/14/2016	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
_	☐ Student loans		
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	ag plans, and other similar debts	
		יש אימיים, מיוע טנויפי אווווומו עפטנא	
Yes	Other. Specify Misc		
Plain Green LLC	Last 4 digits of account number	8819	\$1,426.0
Nonpriority Creditor's Name 93 Mack Rd. Suite 600	When was the debt incurred?	5/29/2019	
Box Elder, MT 59521 Number Street City State Zip Code	As of the date you file, the claim	in Charle all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	із. Спеск ан шасарріу	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	·		

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Cable

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	2,683.67
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	2,683.67
				Total Claim
6f.	Student loans	6f.	\$	0.00
6g.		6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	26,772.34
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	26,772.34
	6b. 6c. 6d. 6e. 6f. 6g. 6h. 6i.	 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i.	6a. Domestic support obligations 6a. \$ 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6s. \$ 6c. \$ 6d. \$ 6c. \$ 6d. \$ 6c. \$ 6d.

Official Form 106 F/F

Schedule E/F: Creditors Who Have Unsecured Claims

Fill in this information to identify your case:						
Debtor 1	Michael Luciano	Boykin				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name	_		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN			
_	19-49996-MAR					
(if known)						Check if this is an
						amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	1 013011 01	Name, Number	, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	
.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	0:4:		04-4-	71D O	_
2.4	City		State	ZIP Code	
4	Name				<u> </u>
	Ivaille				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.5	2.1.7		0.0.0		
-	Name				
	Number	Street			
	IAMILING	Succi			
	City		State	ZIP Code	

Fill in thi	is information to	identify your	case:			
Debtor 1		ael Luciano				
Debtor 2	First Na	ime	Middle Name	Last Name		
(Spouse if, fi	filing) First Na	ime	Middle Name	Last Name		
United St	tates Bankruptcy	Court for the:	EASTERN DISTRICT C	F MICHIGAN		
Case nun	mber 19-4999	6-MAR				
(if known)	13-4333	U-MIAIX				☐ Check if this is an amended filing
Officia	al Form 10)6H				
	dule H: Y		lahtors			12/15
<u> </u>	duic II. I	our coc	CDLOIS			12/13
ill it out, our nam	and number the ne and case num	entries in the ber (if known		n the Additional Page to	o this page. On the top	eeded, copy the Additional Page, o of any Additional Pages, write
■ No	n					
□ Ye	-					
0.14					0.40	
			u lived in a community pr , Nevada, New Mexico, Pu			states and territories include
		·			,	
	o. Go to line 3.					
LIY€	es. Did your spou	se, former spo	use, or legal equivalent live	e with you at the time?		
	□ No					
	☐ Yes.					
	In which o	community star	e or territory did you live?		Fill in the name ar	nd current address of that person.
	City		State	Zip Code		
	,			,		
in lin Form	ne 2 again as a c	odebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown le creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your Name, Number, Street		IIP Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt s that apply:
3.1					☐ Schedule D, line	9
	Name				□ Schedule E/F, li	ne
					☐ Schedule G, line	e
		Street			<u> </u>	
	City		State	ZIP Code		
					Полит	
3.2	Name				☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule D, lin	
					☐ Schedule E/F, II	
	Number	Street				-
	City	J501	State	ZIP Code		

Official Form 106H Schedule H: Your Codebtors Page 1 of 1
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E.II	to this information to the effective								
	in this information to identify you btor 1 Michael L	rcase: uciano Boykin							
Del	btor 2	dolano Boykin							
	buse, if filing)								
Uni	ited States Bankruptcy Court for t	he: <u>EASTERN DISTRICT</u>	OF MICHIGAN		_				
-	se number 19-49996-MAR		-			Check if this is:			
(II KI	iowii)					☐ An amended☐ A suppleme	J	nactnatition	chantor
						13 income a			Chapter
<u>O</u>	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your In-	come							12/15
sup spo atta	as complete and accurate as population of the po	ou are married and not filing wing spouse is not filing wing on the top of any addition.	ng jointly, and your spith you, do not include	oouse e infor	is livino mation	g with you, inclu about your spo	ide informa use. If more	ition about e space is r	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filir	ng spouse	
	If you have more than one job,	Employment status	■ Employed	☐ Emplo	☐ Employed				
	attach a separate page with information about additional employers.	Employment status	☐ Not employed	☐ Not er	☐ Not employed				
		Occupation	Material Handele	r					
	Include part-time, seasonal, or self-employed work.	Employer's name	Gil-Mar Manufact Company	uring					
	Occupation may include studer or homemaker, if it applies.	Employer's address	7925 Ronda Drive Canton, MI 48187	-					
		How long employed the	here? 4 years						
Par	Give Details About M	onthly Income							
spou If yo	mate monthly income as of the use unless you are separated. ou or your non-filing spouse have e space, attach a separate sheet	more than one employer, co	,		,	,	•	,	J
					F	or Debtor 1	For Debte		
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	2,779.00	\$	N/A	
3.	Estimate and list monthly over	ertime pay.		3.	+\$	663.00	+\$	N/A	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	3,442.00	\$	N/A	

13. Do you expect an increase or decrease within the year after you file this form?
No.

Yes. Explain: Debtor lowered his tax withholding from Single 6 to Single 2 and anticipates his net income to drop by \$75.00 to \$80.00 per week.

Combined monthly income

Fill	in this informa	ation to identify yo	our case:			1		
	tor 1	Michael Luc		kin		Checl	k if this is:	
					_		An amended filing	
	tor 2 ouse, if filing)							ving postpetition chapter the following date:
Unit	ed States Bank	ruptcy Court for the	: EASTE	RN DISTRICT OF MICHIG	SAN	1	MM / DD / YYYY	
	e number 19	9-49996-MAR						
		orm 106J						
		J: Your		ISES . If two married people ar	e filing together h	oth are equa	Illy responsible fo	12/15
info	ormation. If m		eded, atta	ch another sheet to this				
Par		ribe Your House	hold					
1.	Is this a joi							
	■ No. Go to	o line 2. es Debtor 2 live	in a separ	ate household?				
	□ N		st file Offic	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debte	or 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes ☐ No
								☐ Yes
								□ No
								Yes
								□ No
3.	Do your ex	penses include		No				☐ Yes
	expenses of	of people other to d your depende	han 🦳	Yes				
		nate Your Ongoi						
exp	imate your e enses as of blicable date.	a date after the	our bankr bankrupto	uptcy filing date unless y y is filed. If this is a supp	ou are using this following the following the second secon	orm as a sup J, check the	pplement in a Cha e box at the top o	opter 13 case to report f the form and fill in the
				government assistance i				
	ficial Form 10		a nave inc	cluded it on Schedule I: \	our income		Your expe	enses
4.		or home owners nd any rent for th		ses for your residence. I or lot.	nclude first mortgag	e 4. \$		715.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
	4b. Prope	erty, homeowner's				4b. \$		0.00
				upkeep expenses		4c. \$		61.00
5.		eowner's associat		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00 0.00
٥.	. waitional		y		mo oquity louis	σ. ψ		0.00

Official Form 106J Schedule J: Your Expenses 19-49996-mar Doc 8 Filed 07/16/19 Entered 07/16/19 13:27:03 Page 28 of 37

Debtor 1	Michael Luciano Boykin	Case num	ber (if known)	19-49996-MAR
6. Util i	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	100.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	250.00
6d.	Other. Specify:	6d.	\$	0.00
7. Foo	d and housekeeping supplies	7.	\$	440.00
8. Chi l	Idcare and children's education costs	8.	\$	0.00
9. Clo t	thing, laundry, and dry cleaning	9.	\$	100.00
10. Per :	sonal care products and services	10.	\$	100.00
11. Me c	lical and dental expenses	11.	\$	20.00
	nsportation. Include gas, maintenance, bus or train fare.			250.00
	not include car payments.	12.	·	350.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	ritable contributions and religious donations	14.	\$	20.00
15. Ins ı				
	not include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	¢	0.00
	. Life insurance	15a. 15b.	·	0.00
			\$	
	Vehicle insurance	15c. 15d.	*	140.00
	Other insurance. Specify:	13u.	Φ	0.00
Spe	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: IRS 1040 Tax - 2017 & 2018	16.	\$	100.00
	allment or lease payments:	4-	•	400.00
	. Car payments for Vehicle 1	17a.		400.00
	. Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:		\$	0.00
	. Other. Specify:	17d.	\$	0.00
	ir payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). er payments you make to support others who do not live with you.	10.	<u>\$</u>	0.00
	cify:	19.	Ψ	0.00
	er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		ur Income	
	. Mortgages on other property	20a.		0.00
	. Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	. Maintenance, repair, and upkeep expenses	20d.	· -	0.00
	. Homeowner's association or condominium dues	20e.		0.00
	er: Specify:	21.	·	0.00
21. J iii			- Ψ	0.00
	culate your monthly expenses			
	. Add lines 4 through 21.		\$	2,896.00
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c	. Add line 22a and 22b. The result is your monthly expenses.		\$	2,896.00
23 Cal	culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2 806 00
	Copy your monthly expenses from line 22c above.	23a. 23b.	·	2,896.00
230	. Oopy your monthly expenses nominate 226 above.	۷۵۵.		2,896.00
230	. Subtract your monthly expenses from your monthly income.			
230.	The result is your <i>monthly net income</i> .	23c.	\$	0.00
	······································		<u> </u>	

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor anticipates acquiring a vehicle with a payment of approximately \$350.00-\$400.00 per month upon discharge. Debtor's rent shall also increase to \$715.00 per month effective 8/1/2019.

Official Form 106J Schedule J: Your Expenses 19-49996-mar Doc 8 Filed 07/16/19 Entered 07/16/19 13:27:03 Page 29 of 37

Dalata n. 4		D 11			
Debtor 1	Michael Luciano First Name	Middle Name	Last Name		
Debtor 2					
Spouse if, filing)	First Name	Middle Name	Last Name		
Jnited States Ban	kruptcy Court for the:	EASTERN DISTRICT	Γ OF MICHIGAN		
	9-49996-MAR				
if known)				_	check if this is an
				a	mended filing
Official Form	106Dee				
Official Form	-				
Declarati	on About a	an Individua	al Debtor's Sched	dules	12/1
two married peo	ople are filing togethe	r, both are equally res	ponsible for supplying correct in	formation.	
•			, 5		ealing property, or
ou must file this	form whenever you f	ile bankruptcy schedu	les or amended schedules. Makii	ng a false statement, conc	
ou must file this btaining money	form whenever you f	ile bankruptcy schedu n connection with a ba	, 5	ng a false statement, conc	
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ou must file this btaining money ears, or both. 18	form whenever you for property by fraud i	ile bankruptcy schedu n connection with a ba	les or amended schedules. Makii	ng a false statement, conc	
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Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill in this	information to identify you	r case:			
Debtor 1	Michael Luciano	Boykin			
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filin	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case numb	per 19-49996-MAR				
(if known)				-	heck if this is an mended filing
Official	Form 107				
		Affairs for Individ	luals Filing for B	ankruptcy	4/19
information		attach a separate sheet to t		equally responsible for supp additional pages, write you	
Part 1:	Give Details About Your Ma	arital Status and Where You	Lived Before		
1. What i	s your current marital statu	ıs?			
_	larried ot married				
2. During	the last 3 years, have you	lived anywhere other than v	where you live now?		
_		·	·		
■ N □ Y		lived in the last 3 years. Do no	ot include where you live now	·.	
Debto	or 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
				ity property state or territory co, Texas, Washington and W	
■ N	_				
_		hedule H: Your Codebtors (Of	ficial Form 106H).		
	Explain the Sources of You	,	,		
	•				
Fill in t	he total amount of income yo	nployment or from operating ou received from all jobs and a have income that you receive	all businesses, including part-		dar years?
ПΝ	0				
_	es. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income	Gross income	Sources of income	Gross income
		Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
	uary 1 of current year until ou filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$22,235.98	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	(be	oss income fore deductions and clusions)	Sources of in Check all that		Gross income (before deductions and exclusions)
	last calen nuary 1 to	dar year: December	31, 2018)	■ Wages, commissions, bonuses, tips			☐ Wages, co bonuses, tips	mmissions,	
				☐ Operating a business			☐ Operating	a business	
		dar year be December		■ Wages, commissions, bonuses, tips		\$39,533.90	☐ Wages, co bonuses, tips	mmissions,	
				☐ Operating a business			☐ Operating	a business	
5.	Include include and other winnings. List each s	come regard public bene If you are fil	lless of whei fit payments ing a joint ca he gross ind	ne during this year or the two ther that income is taxable. Ex- it; pensions; rental income; into ise and you have income that some from each source separ	xamples erest; di t you red	s of other income are vidends; money colle beived together, list it	alimony; child sup cted from lawsuits only once under [s; royalties; ar Debtor 1.	
				Dalutan 4			D-1-10		
				Debtor 1 Sources of income Describe below.	eac (be	oss income from th source fore deductions and dusions)	Sources of in Describe belo		Gross income (before deductions and exclusions)
Par	# 2: Lio4	Cortain Da	vmanta Va	u Made Before You Filed for		,			
6.	□ No.	Neither Deindividual puring the No. Yes	ebtor 1 nor primarily for 90 days bef Go to line List below paid that continclude to adjustment or Debtor 2 90 days bef Go to line List below include pa	each creditor to whom you pareditor. Do not include payme payments to an attorney for at on 4/01/22 and every 3 years or both have primarily consore you filed for bankruptcy, or	did you aid a tot tents for this bar ars after sumer did you aid a tot	lebts. Consumer debtoose." pay any creditor a total of \$6,825* or more domestic support oblinkruptcy case. that for cases filed or lebts. pay any creditor a total of \$600 or more an	al of \$6,825* or m in one or more pa gations, such as on or after the date al of \$600 or more	ore? ayments and the child support a contract of adjustments?	the total amount you and alimony. Also, do t.
	Creditor'	s Name and	d Address	Dates of paym	nent	Total amount	Amount you	Was this	payment for
						paid	still owe		
	5955 Ed	Squire Ap inburgh S MI 48187		Monthly		\$635.00	\$0.00		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

■ Other Month to Month

Rent

Case number (if known)

19-49996-MAR

Official Form 107

Debtor 1

Michael Luciano Boykin

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

18.	Within 2 years before you filed for bankruptoutransferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details.	siness or financial af le as security (such as	fairs? the granting of a			
	Person Who Received Transfer Address Person's relationship to you	Description and property transfe		payme	be any property or ents received or debts n exchange	Date transfer was made
19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protein No Yes. Fill in the details.		ny property to a	self-settled	d trust or similar device o	of which you are a
	Name of trust	Description and	value of the prop	perty trans	ferred	Date Transfer was made
	t 8: List of Certain Financial Accounts, Inst Within 1 year before you filed for bankruptcy, sold, moved, or transferred?	•	•	J		our benefit, closed,
	Include checking, savings, money market, or houses, pension funds, cooperatives, associ No Yes. Fill in the details.				; shares in banks, credit	unions, brokerage
		Last 4 digits of account number	Type of account instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed fo	or bankruptcy, ar	ny safe dep	osit box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than you	ır home within 1	year befor	e you filed for bankruptc	y?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control fo	or Someone Else				
23.	Do you hold or control any property that som for someone. No Yes. Fill in the details.	eone else owns? Inc	lude any propert	y you borr	owed from, are storing f	or, or hold in trust
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe 1	the property	Value
Par	t 10: Give Details About Environmental Infor					

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? п Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper **Dates business existed**

Name Date Issued
Address
(Number, Street, City, State and ZIP Code)

institutions, creditors, or other parties.

☐ Yes. Fill in the details below.

Official Form 107

Nο

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial

Debtor 1 Michael Luciano Boykin			Case number (if known)	19-49996-MAR	
	-				
Part 12	Sign Below				
are true with a b 18 U.S.0	and correct. I understand that ma	t of Financial Affairs and any attachments iking a false statement, concealing proper up to \$250,000, or imprisonment for up to	rty, or obtaining money or		
	el Luciano Boykin	Signature of Debtor 2			
	ure of Debtor 1	olgitature of Debtor 2			
Date	July 16, 2019	Date			
Did you	ı attach additional pages to <i>Your</i> S	Statement of Financial Affairs for Individua	als Filing for Bankruptcy (Official Form 107)?	
■ No				·	
∃Yes					

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy